

City Report



Krakow

Locked in a Cycle: Krakow's Drug Scene and the Barriers of Criminalisation

Civil Society Monitoring of
Harm Reduction in Europe **2024**

Correlation

  European Harm
 Reduction Network

Title

City Report - Krakow. Locked in a Cycle: Krakow's Drug Scene and the Barriers of Criminalisation. Civil Society Monitoring of Harm Reduction 2024.

Authors

Moura, J.: Writing - Original Draft, Formal Analysis, Project Administration; **Pomfret, A.:** Conceptualisation, Methodology, Investigation, Data Curation, Formal Analysis, Project Administration; **Put, J.:** Conceptualisation, Resources, Writing - Review & Editing; Supervision; **Rigoni, R.:** Writing - Review & Editing; Supervision; **Schiffer, K.:** Funding acquisition.

Design

Jesús Román!

Editor

Graham Shaw

Acknowledgements

We thank Jorn Dekker for his valuable assistance in reviewing and refining the classification of substances referenced in this text.

Recommended citation

Moura J., et al. (2024) City Report - Krakow. Locked in a Cycle: Krakow's Drug Scene Challenges and the Barriers of Criminalisation. Civil Society Monitoring of Harm Reduction 2024. Amsterdam. Correlation- European Harm Reduction Network. DOI: 10.5281/zenodo.14812182.

Published by Correlation - European Harm Reduction Network (C-EHRN) and protected by copyright. Reproduction is authorised provided the source is acknowledged.

This Publication has been co-funded by the European Union. Views and opinions expressed are, however, those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA; neither the European Union nor the granting authority can be held responsible for them.

Correlation - European Harm Reduction Network

c/o De Regenboog Group
Stadhouderskade 159 | 1074BC Amsterdam | The Netherlands
www.correlation-net.org



Co-funded by
the European Union



Introduction

Drug use remains a highly stigmatised and criminalised behaviour in Poland. Official data from 2018¹ estimates that 5% of the population uses drugs and between 11,420 to 17,890 people used opioids in the same year². For many people, substance use is a socially unacceptable behaviour that verges on illegality. Social stigma and fear of legal repercussions drive many individuals to hide their substance use. This concealed nature of drug use complicates efforts to understand and respond effectively to Krakow's evolving drug scene.

Poland's drug policy is known for its strict criminalisation since its establishment in 1985. The Act on Counteracting Drug Addiction states that any drug possession, regardless of the amount, can be penalised with sanctions reaching up to three years in prison. A reform in 2011 introduced prosecutorial discretion to dismiss cases involving minor drug possession for personal use (Article 62(a)). The change aimed to reduce the burden on the judicial system and avoid unnecessarily criminalising casual or dependent users. However, enforcement remains inconsistent, with data suggesting that most drug-related offences still relate to possession³⁻⁵. In 2022, nearly 92% of all initiated proceedings of the Act on Counteracting Drug Addiction fell under Article 62⁵. These punitive measures disproportionately target marginalised populations and hinder effective public health responses.

In recent years, Krakow's drug scene has experienced significant transformations, resulting

in a number of associated public health challenges. This includes the prevalence of open drug scenes, an increase in injecting drug use, heightened risks of overdose, and the spread of blood-borne diseases. Meanwhile, the limited availability of harm reduction services leaves the city ill-equipped to address these growing challenges. In Krakow, Monar is the only organisation that provides harm reduction services⁶. Monar targets all pillars of dependence interventions, from prevention and treatment to harm reduction and reintegration. In 2023 alone, its drop-in, at Krakowska 19, reached about 250 people who use drugs and dispensed more than 30,000 sterile needles and nearly 17,000 syringes. These services are instrumental in addressing the aforementioned public health issues through an evidence-informed approach, but despite their successes, Monar's efforts are constrained by threats of criminalisation. Without systemic support, the potential of such initiatives remains limited.

This report explores these issues, delving into the current scenario of Krakow's drug scene, addressing the multifaceted challenges faced by people who use drugs in the city and examining the public health implications of punitive drug policies. Through qualitative interviews, field observations, and a review of local and international best practices, the findings underscore the urgent need for a shift toward compassionate, public health-centred and evidence-informed policies. The report recommends a few targeted policy interventions aimed at mitigating the risks faced by individuals who use drugs and improving public health outcomes across the city.

By presenting actionable solutions grounded in

evidence, this report aims to foster a more humane and effective response to drug use in Krakow, emphasising the need for integrated services that offer support and safety to people who use drugs, which ultimately improves health outcomes and community well-being.

Krakow's Drug Scene

Who, what and how

According to observations of stakeholders interviewed^A for this report, the drug-using population of Krakow has undergone significant changes in the last five years. On the one hand, and similar to what has been observed in other European cities⁷, there is a growing number of elderly individuals who began using drugs in the 1980s and 1990s. On the other hand, there is an increase in young people engaging in drug use and people initiating drug use at younger ages. Whilst older people who use drugs often have complex health needs, young people may use new or more potent drugs which contribute to an increased risk of overdose, often without adequate awareness of harm reduction strategies.

Changes in drug preferences indicate a switch to prescription drugs and a possible appearance of

highly potent drugs in the market:

"I have the impression that in the last 2-3 years there has been an increase in people using painkillers, opioids or opiates in general because it is easier to access them and, in fact, and I don't want to talk about prescription drugs here, but also prescription drugs or stolen ones".
Paramedic.

"It is no secret that telemedicine has contributed to the development of the pharmaceutical drug trade. Morphine replaced compote ["homemade polish heroin" made from poppy straw], methylphenidate (used to treat ADHD [Attention Deficit Hyperactivity Disorder]) - amphetamine. You can easily buy mephedrone and other cathinone derivatives".
Frontline worker.

The range of substances favoured by people who use drugs includes benzodiazepines, stimulants - such as cathinones ("crystals", mephedrone) - and methylphenidate, as well as a number of different opioids, with morphine being commonly reported. Whilst law enforcement officials assure that there have been no reports of fentanyl being distributed in the city of Krakow⁸, a Frontline worker notes that some users have communicated its appearance on the "black market", both online and on the streets.

Intravenous drug use remains prevalent, with a large number of individuals injecting both opioids and stimulants. "Fear of HIV, methadone treatment and access to new drugs"⁹ had previously led Krakow's people who use drugs to avoid injection as a route of administration, but recent observations indicate a

A. See methodology at the end of this report.

rise in popularity. Prescription drugs are also among those used intravenously. Although the increased use of prescription drugs means that some individuals consume drugs in tablet form, others convert them into an injectable form. The trend has extended to young people, including those who are just starting their drug-using experiences. Stakeholders express concern with the trend, as injected drug use can lead to increased risk of dependence^B, blood-borne diseases, and drug overdose. This shift toward injection - both among long-time users and newcomers - demonstrates the complex and evolving drug scene in Krakow and presents new challenges for both public health and social services.

well as a loss of opioid tolerance¹¹. Tolerance loss often occurs after periods of abstinence which may result from drug treatment, hospitalisation, or incarceration.

Fatal overdoses can be prevented. When signaled swiftly, people can be treated with naloxone, an opioid receptor antagonist currently only available in ambulances and hospitals in Poland. Out of the five people who shared their overdose experiences in this report, three were not aided by friends or loved ones due to fear of legal repercussions. Fear of law enforcement and associated judicial consequences were reported as the reasons. In the other cases, aid came only from random bystanders:

Drug Overdoses

"If someone had been by my side, I wouldn't have had to wait so long to get help".

Person who uses drugs 1.

One quarter of the people who use drugs interviewed for this report had experienced at least one drug overdose in the last year. Drug overdoses are most commonly associated with opioid use and can be fatal. The risk of overdose is heightened by several factors. These include injected drug use, polydrug use¹⁰ (such as combining opioids with depressants like alcohol or benzodiazepines¹¹), and exposure to highly potent substances, including fentanyl or synthetic opioids. Additional risks arise from underlying health conditions, such as HIV, lung disease, or liver and kidney disease¹² as

"The people I was with ran away because they were afraid of the consequences".

Person who uses drugs 2.

"I was resuscitated by my boyfriend. We didn't call an ambulance because we had illegal substances in the apartment. We were afraid of the police".

Person who uses drugs 3.

"I overdosed on fentanyl - my friends gave me help, but did not call an ambulance because they were afraid of police intervention".

Person who uses drugs 4.

"They are usually alone, [and] an ambulance is called for an unconscious person and it is called by someone. But these people simply disappear

B. Due to its rapid onset and intensely rewarding effects.

quickly and, in fact, we are looking for the patient ourselves. We have to find him in the proverbial bushes and ask for his help, because I suspect these people are running away from some responsibility or are afraid of calling the police". Paramedic.

generates unnecessary risk related to the fact that a dog on a walk, or anyone else, may simply get a trace of dirt left after the injection in an inappropriate place".
Frontline worker.

While sharing their experiences, people who use drugs were often deeply emotional, with many individuals expressing the isolation and vulnerability they felt during these moments. The possibility of facing criminalisation leads people to avoid life-saving care for fear of being associated with, and accused of, drug possession. Besides, not accessing emergency services in overdose cases, there is also a significant risk that individuals who use drugs may avoid accessing essential drug-related services due to fear of legal repercussions. This dynamic can also result in law enforcement disproportionately targeting the most marginalised individuals, as they are often more visible and, consequently, more vulnerable to criminalisation.

Open drug scenes

"Users of these psychoactive substances often leave the equipment wherever they can, because they have nowhere to dispose of it.

This can be done in public toilets, at the gates of staircases, in various places not frequently visited by the public [...] These are also often playgrounds, just any place is good for an injection, as long as it's out of sight. It often

The most marginalised portion of the city's drug scene takes place on the streets of Krakow: people who use drugs report taking substances in a variety of public spaces, and discarded injection material has been spotted in several sites of Krakow, including Podgórska Street; Bonifratrów Hospital's garden; Planty Dietlowskie; Hala Targowa; Galeria Krakowska; Lubicz Street; Florianska Street; and Galeria Kazimierz.



The common reasons for public use, as expressed by the twenty people who use drugs who were interviewed, are homelessness, the urgent need to alleviate withdrawal symptoms, and the lack of alternative private spaces for drug consumption. With no alternatives, and to use drugs as quietly and privately as possible, people turn to shopping malls, gas stations, restaurants, gates and stairwells of apartment buildings, public parks, transportation hubs (vehicles and bus stops), and sometimes playgrounds and churches.

In these sites there is often no appropriate disposal container at hand, resulting in the injection material being frequently discarded in public places.

When asked about the disposal of used needles and syringes, some of the people who use drugs declared that they would dispose of them at the Drop-In, which often involved carrying them for a long time before showing up at the daycare centre. In most cases, however, they dispose of them in trash cans, sewage gutters or other sites of public space not intended for this purpose.

Abandoned needles and syringes not only signify environmental hazards but also pose a serious threat to bystanders and significant public health risks. Indeed, data collected for this report reveals that staff from local businesses, such as bartenders and waitresses, often encounter discarded needles in restrooms and trash bins, accidentally exposing them to possible infectious material.

"The fact that people appear here under the influence of substances other than alcohol is the norm. The problem is the needles we find in garbage cans, especially in toilets".
Bartender.

Such needles may be contaminated with blood-borne diseases such as Human Immunodeficiency Virus (HIV) or Hepatitis C Virus (HCV), which can be transmitted through accidental needle-stick injuries. Every month, numerous individuals report to the Acquired Immune Deficiency Clinic¹³ with injuries from discarded needles, most frequently those working in cleaning roles at large commercial facilities. This indicates a trend that underscores the far-reaching consequences of open drug scenes.

The increase in HIV infections in Poland over the last few years further compounds this issue. According to the GIS data of Poland, the number of HIV cases doubled between 2021 and 2022¹⁴. In Poland, treating a potential HIV infection requires costly post-exposure antiretroviral therapy, diagnostics and tests. For example, treatment for an HIV-positive patient could amount to approximately PLN26,243, about €6,000, per person, per month, in 2020¹⁵, spanning a number of years.

In cases of HCV, however, no post-exposure treatment is available, elevating the stakes of accidental needle injuries.

Harm reduction interventions, such as needle-syringe programmes (NSP) and opioid agonist therapy (OAT), have been proven effective to reduce HIV and HCV acquisition¹⁶, whilst drug consumption rooms (DCRs) reduce public drug use and syringe disposal¹⁷. The implementation of such targeted interventions for people who use drugs is crucial to address open drug scenes that affect not only people who use drugs, but the wider community as well. Addressing the open drug scenes of Krakow and its implications not only safeguards public health but also helps alleviate the financial burden on local healthcare services.

Resistance to Drug Consumption Rooms and the threat of criminalisation of Staff

"This is a project for yesterday, so it is nothing out of the ordinary, something innovative, modern and suddenly invented in a hurry. Such rooms already exist in the world and they work".
Frontline worker.

Concerns with the transmission of blood-borne diseases, drug overdoses, and public drug use have led Monar and other key organisations in Poland to advocate for harm reduction interventions, such as drug consumption rooms (DCRs) and the provision of naloxone. In particular, Monar and its partners have presented research to Polish stakeholders emphasising the urgent need for naloxone, a life-saving overdose reversal medication, to be more accessible. In Krakow, Monar has also been advocating for the establishment of a DCR, but their endeavours were met with resistance and threats of criminalisation from local law enforcement. Police argue that DCRs facilitate drug use. However, research consistently demonstrates that DCRs serve as a

bridge to treatment and other health services¹⁷⁻²¹. Criminalisation, on the other hand, has proved to fail in lowering drug demand and may actually worsen related harms by deterring people from seeking help^{4,22,23}.

Evidence points to the success of DCRs in reducing the harms linked to drug use currently observed in Krakow, meaning that opening a DCR could be an effective approach in addressing the current open drug scene-related challenges felt in the city. DCRs prevent open drug scenes by offering a controlled environment for drug consumption, thus avoiding the presence of open drug use and drug paraphernalia in public spaces, which can pose a health risk to bystanders¹⁷⁻²⁰. They are vital in saving lives by providing on-site medical support, including administering naloxone and performing first aid in the case of overdose²⁴. They also provide an educational environment where workers can advise individuals on safer drug use practices, ultimately reducing harm and enhancing healthier outcomes^{17,20,24}. Additionally, DCRs serve as an entry point into the cascade of care, connecting people with treatment options and other health services, ultimately fostering pathways toward recovery^{17,18,20}. These facilities are especially effective in reaching marginalised populations who might otherwise have no access to healthcare or treatment^{8,11,17,10}. Furthermore, contrary to fears, DCRs do not increase local crime or drug-related issues but, instead, improve public order and neighbourhood safety^{18,20,25}.

This model has already been implemented successfully in major Western European cities²⁴. Its success is expressed in fewer fatal opioid overdoses, improved injection conditions, or cessation of injection, enhancing access to primary

health care, reduced public drug use, and improved community safety^{17,18,20,25}.

Support is strong for DCRs in Krakow among frontline workers, paramedics, and people who use drugs interviewed for this report. Interviews with 20 individuals who use drugs found that 18 would utilise a DCR if available. For paramedics, in particular, these facilities would provide enhanced safety. In public overdose situations, paramedics risk accidental needle-stick injuries, exposing them to blood-borne infections. DCRs would mitigate these risks, enabling paramedics to assist without the fear of contamination:

"I am definitely in favour of this and I think that the rescuers community is even more in favour of this because, on our part, when we come, it is much easier for us to [be] somewhere where we have good lighting, where when we kneel down next to someone to measure their parameters or check whether they are breathing at all, we are not afraid of getting our knees tripped by a needle or some abandoned equipment, so for us it is really, only it's just a convenience to gather such people, not that we also have to... Walking often in really dangerous conditions, in abandoned buildings that threaten to collapse. We are not risking our own health, they would be concentrated in one (...)"

Paramedic.

In a nutshell, establishing a drug consumption room in central Krakow would provide vital reduction of harm for people who inject drugs, preventing them from contracting infectious diseases and from overdose-related deaths. Simultaneously, it would shield the broader public from the hazards of

improperly disposed drug paraphernalia. Evidence strongly supports these facilities as an essential harm reduction intervention that improves public health, reduces costs, and saves lives. Police officers have expressed to the frontline workers interviewed for this report that if there were legal support for these facilities, they would agree with them, emphasising the urgent need to shift focus from criminalisation to compassionate, evidence-based approaches to drug policy in Krakow and Poland.

Policy Recommendations

The growing trend in injected and open drug use, the increased risk of fatal overdoses, and the transmission of infectious diseases in the settings mentioned in this report are both preventable and costly, with risk stemming primarily from unsafe conditions surrounding drug use rather than from the drug use itself. Evidence shows that harm reduction interventions are both cost-effective and highly efficient in preventing such infections^{16,21,26}. While Poland has already implemented some harm reduction services, such as needle-syringe and OAT programmes, it is crucial to expand these services to include drug consumption rooms and naloxone distribution programmes.

Enhancing access to harm reduction resources empowers individuals with the support and education needed to make healthier choices and reduce the risks associated with drug use. By

strengthening and appropriately scaling up these evidence-based interventions, Krakow can promote public health, support self-care, reduce the vulnerability of those affected by conditions of drug use and promote community safety.

Establish a pilot Drug Consumption Room in Krakow

To address the growing public health issues associated with open drug use in Krakow, it is recommended that the city implements a pilot Drug Consumption Room (DCR). This facility will provide a supervised environment for drug use, helping reduce overdose episodes, the spread of infectious diseases, and the presence of drug-related paraphernalia in public spaces.

Monar, an organisation dedicated to harm reduction, has already developed a plan for operating a DCR. Under Monar's proposed model, individuals would bring their own substances and administer them independently, with all activities carried out under supervision. Entry into the DCR would require consent from trained staff who would observe service users from a neighbouring room, prepared to provide first aid if needed. Clients would have access to sterile materials such as syringes and disposal containers and would be required to remain seated for at least 20 minutes after administration for observation. Injections into high-risk veins, such as those in the groin or neck, would be prohibited for safety reasons.

To maximise accessibility, the DCR should be strategically located near areas where people currently buy and use drugs openly. Integration with social and healthcare services will ensure that individuals have access to medical, counselling, and support resources on-site, fostering a comprehensive continuum of care.

Trained staff will provide immediate overdose intervention and guidance on safer practices, further reducing health risks.

Implementing the DCR will require active collaboration with local law enforcement to establish a decriminalised, supportive framework that ensures safe operation without legal conflicts. Additionally, community acceptance will be vital, and this process should involve neighbourhood meetings and events where residents can learn about the project, ask questions, and voice concerns. By involving community members in the planning process, the city can ensure that local needs and preferences are fully considered.

This approach aligns with harm reduction models that have proven effective in Western Europe, highlighting the potential for a DCR in Krakow to enhance public health outcomes, support treatment engagement, and create a more compassionate, evidence-based response to drug use challenges.

Establish Legal support for Drug Consumption Rooms

To ensure the successful implementation and operation of a Drug Consumption Room (DCR) in Krakow, it is essential to establish clear legal support for the facility. Legal support for the DCR would enable police to collaborate with harm reduction services without conflicting with existing criminal statutes, prioritising public health while maintaining community order and safety.

This framework should define the role of law enforcement in ensuring that people who use drugs are not criminalised for possession on their way to the DCR, set boundaries around

non-interference with DCR activities, and outline specific protocols for coordinating with healthcare providers in cases of medical emergencies or public safety concerns.

In other countries, such as the Netherlands, law enforcement has pushed the establishment of DCRs to reduce public drug use and address the challenges associated with open drug scenes. Harm reduction interventions are further supported by the Law Enforcement Action Partnership (LEAP), an international movement of police officers and members of the criminal justice system advocating for drug policies grounded in evidence²⁷.

With clear legal protections, Krakow law enforcement can work effectively with DCR staff to address neighbourhood safety while upholding the facility's health-focused mission. By creating a supportive environment for DCRs, Krakow would align health and safety efforts and foster a more balanced, evidence-based approach to addressing drug-related challenges. Additionally, redirecting police efforts by referring individuals caught with drugs toward health interventions instead of incarceration, it would shift interventions from focusing on punishment, to focus on treatment and support, reducing incarceration rates and supporting recovery.

Implement naloxone distribution programmes

To address the high risk of opioid overdoses, it is recommended that Krakow establish an accessible naloxone programme for the public. Alongside drug consumption rooms, naloxone distribution programmes are an effective way of addressing opioid overdoses. As noted by a paramedic interviewed for this report, naloxone should be available alongside DCRs as a combined approach that maximises the intervention's life-saving potential.

Naloxone, an opioid receptor antagonist, is the only proven antidote to opioid-induced respiratory depression, reversing overdoses within minutes. Currently, however, naloxone is limited to ambulances, hospitals, and hospital pharmacies in Poland, and even in emergencies, pharmacies cannot dispense it due to a lack of stock.

Other countries have successfully implemented public naloxone distribution as a core harm reduction strategy supported by the World Health Organization (WHO) which endorses making naloxone widely available to save lives²⁸. To maximise impact, naloxone distribution programmes should target those most likely to witness an overdose, including people who use drugs, their friends, and family members, and can be expanded through community-based Take-Home Naloxone (THN) initiatives.

A public naloxone programme would reduce fatalities, ease the burden on emergency services, and improve public safety by addressing a life-threatening risk. This approach not only benefits people who use drugs but also strengthens community health overall.

Decriminalise drug possession for personal use

It is recommended that Poland considers decriminalising the possession of drugs for personal use. In Krakow, fear of criminal consequences deters witnesses from seeking help for those experiencing overdoses, preventing timely interventions that could save lives. Criminalisation of the possession of drugs has resulted in a rise in incarceration in the country. Furthermore, public health concerns related with drug use, such as the spread of blood-borne diseases such as HIV and hepatitis C, do not result directly from drug use but from the unsafe and hidden conditions that criminalisation forces upon people who use drugs. Criminal penalties limit access to safe drug use environments and prevent the effective prevention of these diseases.

Decriminalising drug use can shift this paradigm. Implementation of drug decriminalisation in European countries such as Portugal and the Netherlands is associated with positive results such as reduced drug-related deaths, reduced incarceration of the population sentenced for drug offenses, reduced HIV incidence, and lower prevalence of injecting drug use and drug dependence^{29,30}. Prohibitionist policies, on the other hand, have not been successful in reducing drug availability or demand, but rather have increased the power and reach of organised crime^{4,22}. Moreover, the cost to the Polish government for each prisoner is approximately €9,819, whereas providing harm reduction and other social services to a person who uses drugs amounts to €4,338—resulting in savings of €5,481 per individual³¹.

By redirecting individuals toward healthcare, counselling or treatment rather than incarceration, decriminalisation lightens the

burden on the criminal justice system and allows individuals to access essential health services without fear of punishment. Viewing drug use as a public health issue rather than a criminal one will enhance prevention and treatment options, enabling a healthier, safer environment for both individuals and the community.

Methodology

This report is one of four produced as part of the City Reports section in the Correlation - European Harm Reduction Network (C-EHRN) Civil Society Monitoring of Harm Reduction in Europe. The City Reports feature four qualitative case studies, each developed in partnership with local C-EHRN focal points. This particular report focuses on the Krakow case study.

An ethnographic approach was employed for this case study to explore the drug use scene of Krakow. The data set consisted of two newspaper articles; 22 interviews, of which one was with a paramedic, one with a frontline worker, 18 people currently using drugs, and 2 formerly using drugs; as well as photographs and field notes from visits to needle disposal sites and discussions with key informants at those locations. The interviews were conducted in Polish by the local C-EHRN focal point, audio-recorded and subsequently analysed by C-EHRN using an inductive thematic approach³². To ensure the confidentiality of participants, personal details were omitted.

References

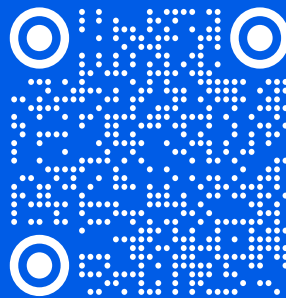
1. Statistical Bulletin 2024—Prevalence of drug use | www.euda.europa.eu. (n.d.). Retrieved 19 November 2024, from https://www.euda.europa.eu/data/stats2024/gps_en#displayTable:GPS-113
2. Sierosławski, J. (2024). Estimating the number of problematic drug users – Online drug clinic. <https://www.narkomania.org.pl/czytelnia/oszacowanie-liczby-problemowych-uzytkownikow-narkotykow/>
3. Poland, Country Drug Report 2019 | www.euda.europa.eu. (n.d.). Retrieved 28 October 2024, from https://www.euda.europa.eu/publications/country-drug-reports/2019/poland_en
4. Drug Policy in Poland: Time for a Change. (n.d.). Retrieved 29 October 2024, from <https://www.opensocietyfoundations.org/publications/drug-policy-poland-time-change>
5. Szmidt, J., Bajeroska, B., Borkowska, M., Bukowska, B., Chojek, D., Dalmata, M., Frączek, R., Jabłoński, P., Kidawa, M., Łukowska, K., Malczewski, A., Michalska, K., Muszyńska, D., Siedlecka, A., Słodownik-Przybytek, L., & Zin-Sędek, M. (2023). Raport 2023 UZALEŻNIENIA W POLSCE. [Report 2023 ADDICTIONS IN POLAND.] In Polish.
6. Klingemann, J., & Klingemman, H. (2021). Overview of Research on the Effectiveness of Harm Reduction Programs and Analysis of Facilitating and Difficult Factors: Implementation of these strategies in Poland and worldwide.
7. Padberg, C., & Stöver, H. (2018). Assessment of Policies and Methodologies targeting the Needs of ageing Drug Users in the EU. BeTrAD.
8. Łabędź, A. (2024, June 26). Fentanyl w Krakowie. 'Na rynku narkotykowym jest obecny od dwóch-trzech lat'. MONAR proponuje pilotaż ratujący życie. Gazeta Krakowska. [Fentanyl in Krakow. 'It has been on the drug market for two-three years'. MONAR proposes a life-saving pilot] In Polish. <https://gazetakrakowska.pl/fentanyl-w-krakowie-na-ryнку-narkotykowym-jest-obecny-od-dwochtrzech-lat-monar-proponuje-pilotaz-ratujacy-zycie/ar/c14-18633651>
9. Frontline Worker. (May). Key Informant [Personal communication].
10. Byrne, C. J., Sani, F., Thain, D., Fletcher, E. H., & Malaguti, A. (2024). Psychosocial factors associated with overdose subsequent to Illicit Drug use: A systematic review and narrative synthesis. Harm Reduction Journal, 21(1), 81. <https://doi.org/10.1186/s12954-024-00999-8>
11. Risk factors for overdose deaths (FAQ drug overdose deaths in Europe) | www.euda.europa.eu. (n.d.). Retrieved 28 October 2024, from https://www.euda.europa.eu/publications/topic-overviews/drug-induced-deaths-faq/risk-factors_en
12. European Monitoring Centre for Drugs and Drug Addiction. (2019). Drug-related deaths and mortality in Europe: Update from the EMCDDA expert network : July 2019. Publications Office. <https://data.europa.eu/doi/10.2810/627691>
13. Head of the Clinic. (n.d.). [Personal communication].
14. Ministerstwo Zdrowia. (2024). Kontra Biuletyn Krajowego Centrum ds. AIDS. [Kontra Bulletin of the National AIDS Centre.] In Polish. https://aids.gov.pl/wp-content/uploads/2024/09/Kontra-1_99_2024.pdf
15. Horban, A., Knysz, B., Kowalska, J., Marczyńska, M., Olczak, A., Parczewski, M., Wielgoj, M., Wiercińska-Drapała, A., Jabłonowska, E., Bociąg-Jasik, M., Cholewińska-Szymańska, G., Gysiorowski, J., Niedźwiedzka-Stadnik, M., Burski, M., Kmiecik-Grudzień, J., Marzec-Bogusławska, A., & Grzesiak, I. (2021). RZĄDOWY PROGRAM POLITYKI ZDROWOTNEJ „Leczenie antyretrowirusowe osób żyjących z wirusem HIV w Polsce” na lata 2022 – 2026. [GOVERNMENT HEALTH POLICY PROGRAMME 'Antiretroviral treatment for people living with HIV in Poland' for the period 2022 – 2026]. In Polish.
16. Van Santen, D. K., Lodi, S., Dietze, P., Van Den Boom, W., Hayashi, K., Dong, H., Cui, Z., Maher, L., Hickman, M., Boyd, A., & Prins, M. (2023). Comprehensive needle and syringe program and opioid agonist therapy reduce HIV and hepatitis c virus acquisition among people who inject drugs in different settings: A pooled analysis of emulated trials. Addiction, 118(6), 1116–1126. <https://doi.org/10.1111/add.16147>
17. Tran, V., Reid, S. E., Roxburgh, A., & Day, C. A. (2021). Assessing Drug Consumption Rooms and Longer Term (5 Year) Impacts on Community and Clients. Risk Management and Healthcare Policy, 14, 4639–4647. <https://doi.org/10.2147/RMHP.S244720>
18. Kennedy, M. C., Karamouzian, M., & Kerr, T. (2017). Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: A Systematic Review. Current HIV/AIDS Reports, 14. <https://doi.org/10.1007/s11904-017-0363-y>
19. Belackova, V., & Salmon, A. M. (2017). Overview of international literature—Supervised injecting facilities & drug consumption rooms—Issue 1. [Report]. Uniting Medically Supervised Injecting Centre. <https://www.drugsandalcohol.ie/34158/>
20. Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. Drug and Alcohol Dependence, 145, 48–68. <https://doi.org/10.1016/j.drugalcdep.2014.10.012>
21. Hedrich, D., & Hartnoll, R. L. (2021). Harm-Reduction Interventions. In N. el-Guebaly, G. Carrà, M. Galanter, & A. M. Baldacchino (Eds.), Textbook of Addiction Treatment: International Perspectives (pp. 757–775). Springer International Publishing. https://doi.org/10.1007/978-3-030-36391-8_52

22. Time to End Prohibition. (2021, November 24). The Global Commission on Drug Policy. <https://www.globalcommissionondrugs.org/reports/time-to-end-prohibition>
23. Advancing Drug Policy Reform: A new approach to decriminalization. (2016, November 16). The Global Commission on Drug Policy. <https://www.globalcommissionondrugs.org/reports/advancing-drug-policy-reform>
24. Moura, J., Perez Gayo, R., Darragh, L., Jeziorska, I., & Schiffer, K. (2023). Drug Consumption Rooms in Europe: Operational Overview. Correlation - European Harm Reduction Network. https://correlation-net.org/wp-content/uploads/2024/07/2023_DCR-Census.pdf
25. Drug consumption rooms reduce crime and make neighbourhoods more attractive. (n.d.). Vrije Universiteit Amsterdam. Retrieved 29 October 2024, from <https://vu.nl/en/news/2024/drug-consumption-rooms-reduce-crime-and-make-neighbourhoods-more-attractive>
26. Wilson, D. P., Donald, B., Shattock, A. J., Wilson, D., & Fraser-Hurt, N. (2015). The cost-effectiveness of harm reduction. International Journal of Drug Policy, 26, S5–S11. <https://doi.org/10.1016/j.drugpo.2014.11.007>
27. Law Enforcement Action Partnership, E. (2024, December). Why Reforming – LEAP EUROPE. <https://leap-europe.org/why-reforming/>
28. Opioid overdose. (n.d.). Retrieved 20 January 2025, from <https://www.who.int/news-room/fact-sheets/detail/opioid-overdose>
29. Slade, H., Nicholls, J., & Rolles, S. (2021). Drug decriminalisation in Portugal setting the record straight. <https://transformdrugs.org/assets/files/PDFs/Drug-decriminalisation-in-Portugal-setting-the-record-straight.pdf>
30. Drug Policy Alliance. (2015). Fact Sheet Approaches to Decriminalization. https://www.unodc.org/documents/ungass2016/Contributions/Civil/DrugPolicyAlliance/DPA_Fact_Sheet_Approaches_to_Decriminalization_Feb2015_1.pdf
31. Ehra. (n.d.). Retrieved 20 January 2025, from <https://harmreductioneurasia.org/drug-policy/criminalization-costs/poland>
32. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology. <https://www.tandfonline.com/doi/abs/10.1191/1478088706qp0630a>



Correlation

European Harm Reduction Network



correlation-net.org



De Regenboog Groep / Correlation - European Harm Reduction network

Stadhouderskade 159
1074 BC Amsterdam
The Netherlands
+31 20 570 7827



This publication has been co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them.



This project has been made possible with the provision of a financial grant from Gilead Science Europe Ltd.